

Instructions for Completing USAR Form 142-R (TEST)

THIS FORM IS FOR OFFICIAL USE ONLY (WHEN FILLED IN)

Item 1 - Practitioner Name. Enter your last name, first name, and middle initial.

Item 2 - (Mandatory) SSN. Enter your social security number.

Item 3 - Rank. Enter your current military rank.

Item 4 - AOC. Enter your current military Area of Concentration (AOC).

Item 5 - (Mandatory) Institution/Plaintiff(s) Name. Enter the name of the institution, State licensure Boards, or other governing or regulatory agencies that initiated the adverse action or the last name, first name of the plaintiff for medical malpractice claims.

Item 6 - Date of Incident. Enter date of the incident that initiated the claim or adverse action.

Item 7 - (Mandatory) Location of Incident. Enter the facility name, city, and state in which the incident or action occurred.

Item 8 - Malpractice Carrier. Enter the name, address, and telephone number of your malpractice insurance carrier at the time that the incident occurred.

Item 9 - (Mandatory) Action/Claim. Check appropriate response.

Item 10 - (Mandatory) If Open Explain Status. If action or claim is open explain current status.

Item 11 - (Mandatory) Amount of Claim Settlement if Closed. If claim is closed indicate the total amount of monetary settlement as well as which was attributed to you.

Item 12 - (Mandatory) NPDB Reported. Check the appropriate response, has the claim or action been reported to the National Practitioner Data Bank (NPDB).

Item 13 - (Mandatory) Nature of Allegation. Enter a short description as to the nature of the allegation i.e., failure to diagnose professional misconduct, criminal conviction.

Item 14 - (Mandatory) Narrative of Incident. Enter a brief narrative description as to the events leading up to the action or claim including your role or relationship to the plaintiff or institution. This description should briefly provide the facts of who, what, where, when, and how of the action or claim. Use continuation sheet if necessary.

Item 15 - (Mandatory) Disposition (including any regulatory censure; e.g., State Board Censuring Actions). Enter a brief narrative as to the disposition of the action or claim. This information must include any adverse clinical privileging actions or disciplinary actions by institutions or State licensure boards or other governing or regulatory agencies. This will include voluntary or involuntary termination of professional and/or medical staff membership or voluntary or involuntary suspension, restriction, reduction or revocation of clinical privileges at a hospital or other health care delivery setting. Use continuation sheet if necessary.

(NOTE: The test period for this form will expire when the final version is published in a permanent USAR publication).